

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 30, 2015

Ms. Mary Pappas, Manager
King's Daughters Home, Inc.
10 Rugg Street
St Albans, VT 05478-1713

Dear Ms. Pappas:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 10, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2015
NAME OF PROVIDER OR SUPPLIER KING'S DAUGHTERS HOME, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 10 RUGG STREET ST ALBANS, VT 05478		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 6/10/15. The following regulatory violations were identified.	R100		
R135 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home failed to assure an assessment was conducted by a licensed nurse within 14 days of admission to the home for 1 of 5 residents reviewed. (Resident #3). Findings include: Per record review Resident #3, who was admitted to the home on 12/5/14, had a Resident Admission Assessment completed on that day by an unlicensed administrative staff member. During interview on the afternoon of 6/10/15 the home's RN (Registered Nurse) confirmed that the resident's assessment had not been conducted by a licensed nurse. S/he stated that Resident #3 required medication management by the home's staff because of short term memory issues and acknowledged that the resident assessment should have been conducted by the RN.	R135	Effective 6-29-15 RN will be notified of date of new admission and will be given a new form indicating Date of Admission, Date Assessment + Careplan is to be completed by. This manager will monitor RN's progress and a scheduled date will also be indicated on form to meet with RN for review of Assessment and Careplan. Signatures of Completion will be required by both RN and this manager. Attached is new form to be used effective 6-29-15.	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Maury Pappas

6-29-15

Manager

STATE FORM

5099

HIQ211

If continuation sheet 1 of 3

R135 - R145 POC accepted 6/29/15 BHWERN/pmc

Division of Licensing and Protection

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R145	Continued From page 1	R145		
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home failed to assure the care plan for 1 of 5 residents reviewed reflected the resident's current status and needs related to fall prevention. (Resident #2). Findings include:</p> <p>Per record review, although Resident #2 had sustained 3 falls between 11/21/14 and 4/21/15 his/her care plan did not address the issue of falls or include interventions to reduce the risk of further falls. A nursing progress note, dated 11/24/14 indicated that the resident had been evaluated in the ED (Emergency Department) on 11/21/14 for "...minor bruising and minor injuries including a sore coccyx", after sustaining a fall in his/her room. Subsequent progress notes indicated that Resident #2 had sustained an unwitnessed fall on 4/13/15, without apparent injury, and a witnessed fall on 4/21/15 that resulted in transport to the ED for evaluation. Despite these falls, which suggested an ongoing risk for future falls, the resident's care plan did not address the issue and did not include fall prevention interventions to reduce the risk. The home's RN (Registered Nurse) confirmed,</p>	R145	<p>Nursing notes and care plans will be reviewed monthly by RN to ensure that any changes in a resident's health status are addressed and will describe the care + services necessary to assist the resident to maintain independence and well-being. A Monthly Care Plan Review Form will be used and maintained by the RN. See Attached Form. RN signature will be required at end of each month, effective 6-29-15.</p> <p>6-29-15</p>	

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R145	Continued From page 2 during interview on the afternoon of 6/10/15, that the resident's care plan did not address his/her fall risk or include fall prevention interventions.	R145			

Division of Licensing and Protection
STATE FORM

0009

HIQZ11

If continuation sheet 3 of 3

New Admission RN Checklist

Resident _____

Date of Admission _____

Date Assessment and Care Plan
To Be Completed (within 14 days) _____

____ Assessment Completed on _____, 2015

____ Care Plan completed on _____, 2015

Review Date _____, 2015 with Manager

RN Signature Date _____

Manager Signature Date _____

Monthly Care Plan Review

Month _____, 2015

Resident

Date of review

RN Signature

Date